Lindsay E. Nadeau (Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 25 2018

NEW HAMPSHIRE

DEPARTMENT OF STATE I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau II. Name of lobbyist's partnership, firm or corporation, if any: Orr & Reno, P.A. (Name of partnership, firm or corporation) 45 S. Main Street, P.O. Box 3550 Concord (Town/City) Business Address: (Street) (603) 224-2318 (603) 224-2381 e-mail Inadeau@orr-reno.com (Telephone) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: AmeriHealth Caritas (Full Name of Client as it appears on the Lobbyist Registration Form) <u>OR</u> All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 25, 2018 🗵 IV. Date of Report April 25, 2018 activity from 4/1/18 to 6/30/18 Reports cover: activity from date of registration to 3/31/18 January 30, 2019 October 31, 2018 activity from 10/1/18 to 12/31/18 activity from 7/1/18 to 9/30/18 V. There have been no fees received and no reportable transactions made since the last report. $\;\;\Box$ If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House. Room 204. Concord. NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses [] If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement [] If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Date)

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)	<u></u>	
III. Name of Client AmeriHealth Caritas	Date <u>07</u>	7/25/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or p	public relations service
a) Total of all fees received in this reporting period	a) \$	27,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y		18,900.00
c) Total of all fees received to date (Add lines a and b)	c) \$	45,900.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	292.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to re fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied; an itemized statement of each individual expenditure made during this reparty purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if ex may be filed to e aggregate to expenses; (b) the ele: meals purchess than \$10 the ed with a value orting period of ue of greater the er than \$25, by s, expense rein	spenditures are made be for the lobbyist(s)/firm tal of all expenses pai he aggregate total of a hased during a busines at is given to the perso e of \$25.00 or less); an f greater than \$25.00 for than \$25, purchase of ut not greater than \$50 nbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$	0.00
in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

Total of all expenses year to date Other Expenses: ovide the following detail for all expenditures of more than \$25 made from lobbying iod, including by whom paid or to whom charged. d to: Am S S S S S S S S S S S S S	100.00 100.00 g fees during this reporting bunt:
Other Expenses: Ovide the following detail for all expenditures of more than \$25 made from lobbying iod, including by whom paid or to whom charged. d to: S S S S S S S S S S S S S	ng fees during this reporting
ovide the following detail for all expenditures of more than \$25 made from lobbying iod, including by whom paid or to whom charged. d to: S S S S S S S S S S S S S	ount:
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ave read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that rue and complete to the best of my knowledge and belief.	the foregoing information
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ignature of lobbyist)	(Date)
indsay E. Nadeau rint Name of lobbyist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

•	
Name of Lobbying partnership, firm, or corp	poration: Orr & Reno, P.A.
Name of Client (leave blank if Statement is	for the partnership, firm, or corporation and not related to any
particular client): AmeriHealth Caritas	5
Date of Report (check one):	
April 25, 2018 □ July 25, 2018 🖾	October 31, 2018
	the Statement of Income and Expenses described above, and that Statement (insert the number of Addendum forms being
_1 Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing complete to the best of my knowledge and b (Signature of lobbyist)	information on the Statement and each Addendum is true and pelief. 07/25/18 (Date)
(c.gzaz ar ifaayiar)	(==)
Lindsay E. Nadeau	
(Print Name of lobbyist)	